TCHHN Commercial Exhibitor Agreement
For Non-Regularly Scheduled Events

This agreement effective as of [date] between The Christ Hospital Health Network (hereinafter referred to as "TCHHN") and [Exhibitor] (hereinafter referred to as "Exhibitor") for the following continuing medical education activity (hereinafter referred to as "CME Activity"):

Activity Title	
Regularly Scheduled Series	☐ Yes ☐ No
Location	
Date	

CME Provider Contact Information:

CME Provider Representative (Last Name, First Name)	Andrews, Thomas
Job Title of CME Provider Contact	
CME Provider Name	The Christ Hospital Health Network (TCHHN)
Address	2139 Auburn Ave.
City, State, Zip	Cincinnati, Oh, 45219
Telephone # (Primary)	513-585-1159
Telephone # (Secondary)	513-585-2221
Fax #	513-585-3293
Email	TCH.Medstaff@thechristhospital.com
Tax ID	31-0538525

Joint Provider Contact Information:

Joint Provider Representative (Last Name, First Name)	
Job Title of Exhibitor Contact	
Exhibitor	
Address	
City, State, Zip	
Telephone #	
Fax #	
Email	
Tax ID	

Exhibitor Contact Information:

Exhibitor Representative (Last Name, First Name)	
Job Title of Exhibitor Contact	
Exhibitor	
Address	
City, State, Zip	
Telephone #	
Fax #	
Email	
Tax ID	

By providing your signature below, the CME Provider is agreeing to:

- × Comply with the attached Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support[SM]

By providing your signature below, the Joint Provider is agreeing to:

- × Provide, for the Exhibitor, display space, outside the room where the CME activity will be conducted
- × Comply with the attached Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support[SM]

By providing your signature below, the Exhibitor is agreeing to:

- × Submit payment in the amount of $_____ to the Joint Provider in the form of a check made payable to _____. Mail the payment 2 weeks prior to the date of the CME Activity to the address listed for the Joint Provider.
- × Set up all exhibits between 15-30 minutes before the start time of the CME Activity
- × Comply with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support[SM]

Failure to submit payment by the deadline may result in loss of exhibit space designated for the Exhibitor.

CANCELLATION OR TERMINATION OF AGREEMENT

This Agreement may be cancelled or terminated by either party if notification is provided to the other party at least 48 hours before the start of the CME Activity. Upon receipt of the notice, TCHHN and the Exhibitor shall discontinue all services with respect to this Agreement. The cost of any agreed upon services provided will be calculated on a pro-rated basis at the agreed upon rate to the notice of cancellation or termination.

GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

This agreement is not binding and enforceable until fully executed by both parties. The parties hereto have executed this Agreement by their duly authorized representatives.

CME Provider's Signature: _____
Print Name: _____
Date: _____

Joint Provider's Signature: _____
Print Name: _____
Date: _____

Exhibitor's Signature: _____
Print Name: _____
Date: _____